



Vermont WIC Program

Comment Form

Filed by:

Name/Title _____

Store Name _____

Location/Address _____

City/Town _____

Comments about:

Family _____ WIC Staff _____ Other _____

Family Name _____

Last 4 digits of WIC card _____

Incident Date _____

May we contact you regarding this incident? Yes _____ No _____

Telephone _____ email _____

Describe the nature of the issue. Provide details including a description of the issue and any related information. Include: lane number, any associated error messages and time.

Is this a new _____ or ongoing _____ issue? If ongoing, please provide any additional related information.

Describe Incident Resolution:

Please return the completed form by email or fax or call us at:

Vermont Department of Health - WIC Program
P.O. Box 70 Burlington, VT 05402
(802) 863-7333 phone (802) 863-7229 fax
WIC@Vermont.gov

Thank you for taking the time to share your comments with us.

State use:

Incident Form received by: Email _____ Fax _____ Mail _____ Phone _____

Received by _____ Date Received _____